

Diabetes

Numbers At-a-Glance 2009[†]
For non-pregnant adults

Criteria for Diagnosis of Pre-diabetes

Impaired fasting glucose (IFG)	100 – 125 mg/dl (Fasting plasma glucose) and/or
Impaired glucose tolerance (IGT)	140 – 199 mg/dl (2-hr post 75g glucose challenge)

Criteria for Diagnosis of Diabetes

Random plasma glucose ≥ 200 mg/dl with symptoms (polyuria, polydipsia, and unexplained weight loss) **and/or**
Fasting plasma glucose ≥ 126 mg/dl* **and/or**
2-hr plasma glucose ≥ 200 mg/dl* post 75g glucose challenge

**Repeat to confirm on subsequent day unless symptoms are present*

Treatment Goals for the ABCs of Diabetes

A1C

< 7 % for patients in general**

Preprandial capillary plasma glucose 70 – 130 mg/dl

Peak postprandial capillary plasma glucose < 180 mg/dl
(usually 1 to 2 hr after the start of a meal)

Be alert to the impact of hemoglobin variants on A1C values.
See www2.niddk.nih.gov/variants for information.

Blood pressure (mmHg)

Systolic Diastolic

< 130 / < 80

Cholesterol – Lipid Profile (mg/dl)

LDL Cholesterol < 100

HDL Cholesterol Men > 40 Women > 50

Triglycerides < 150

**Individualize target levels. For example, consider:

- A1C target as close to normal as possible without significant hypoglycemia in selected individuals such as those with short duration of diabetes, little comorbidity and long life expectancy.
- Less stringent A1C target for people with severe hypoglycemia, limited life expectancy, comorbid conditions, advanced micro- or macrovascular complications, or longstanding diabetes.

See source materials for treatment recommendations.

[†] American Diabetes Association Standards of Medical Care, *Diabetes Care* 32 (Suppl.1): S13-S61, 2009.

Diabetes Management Schedule

Adults with diabetes should receive medical care from a physician-coordinated team of health care professionals. Referrals to these team members should be made as appropriate.

At each regular diabetes visit:

- Measure weight and blood pressure.
- Inspect feet if one or more high-risk foot conditions are present.
- Review self-monitoring glucose record.
- Review/adjust medications to control glucose, lipids, and blood pressure. Include regular use of low-dose aspirin for CVD prevention as appropriate.
- Review self-management skills, dietary needs, and physical activity.
- Assess for depression or other mood disorder.
- Counsel on smoking cessation and alcohol use.

Quarterly:

- Obtain A1C in patients whose therapy has changed or who are not meeting glycemic goals (twice a year if at goal with stable glycemia).

Annually:

- Calculate body mass index.
- Obtain fasting lipid profile (every 2 years if patient has low-risk lipid values).
- Obtain serum creatinine to estimate glomerular filtration rate and stage the level of chronic kidney disease.
- Perform urine test for albumin-to-creatinine ratio in patients with type 1 diabetes >5 years and in all patients with type 2 diabetes.
- Refer for dilated eye exam (if normal, an eye care specialist may advise an exam every 2–3 years).
- Perform comprehensive foot exam.
- Refer for dental/oral exam at least once a year.
- Administer influenza vaccination.
- Review need for other preventive care or treatment.

Lifetime:

- Administer pneumococcal vaccination (repeat if over 64 or immunocompromised and last vaccination was more than 5 years ago).



To order NDEP materials visit
www.YourDiabetesInfo.org or call
1-888-693-NDEP (6337)
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